

Customer No. 26308



RCE ~~AT~~ JFW
PATENT

Docket No. 9345.17121-CON/1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Thompson et al.
Serial No.: 09/883,089
Filed: 15 June 2001
For: Systems for Applying Ultrasound Energy to the Thoracic Cavity

Group Art Unit: 3737
Examiner: Ruth S. Smith

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
(37 C.F.R. § 1.114)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

NOTE: (Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995.)

1. SUBMISSION REQUIRED UNDER 37 CFR §1.114:

A. ☐ Previously submitted

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on

(Any unentered amendment(s) referred to above will be entered.)

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

☐ Other _____

B. ☒ Enclosed

☒ Amendment/Reply

☐ Affidavit(s)/Declaration(s)

☒ Information Disclosure Statement (IDS)

☐ Other _____

2. MISCELLANEOUS

A. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months

B. ☐ Other _____

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed as follows: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date 15 March 2006

Linda S. Wenzel
(type or print name of person mailing paper)

Linda S. Wenzel
(Signature of person mailing paper)

03/20/2006 WABDEL1 00000046 09883089

02 FC:2253

510.00 0P

03/20/2006 WABDEL1 00000046 09883089

395.00 0P

01 FC:2801

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(complete (a) or (b) as applicable)

- (a) ☒ Applicant petitions for an extension of time, the fees for which are set out in 37 CFR 1.17(a)(1) - (a)(5), for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than Small Entity</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input checked="" type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$ 2,160.00	\$1,080.00

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	15	-20 =	(5)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	1	-3 =	(2)	x \$ 100.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$180.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

WARNING: *"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).*

(c) [x] No additional fee for claims is required.

(d) ☐ Total additional fee for claims required \$_____

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